

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
96 County St. Louis Registration District No. 1170
7 Township Central Primary Registration District No. 16248H
7 City Richmond Heights (No. St. Marys Hospital St. _____ Ward _____)

2. FULL NAME Agust Speckhals
(a) Residence, No. Berger, Mo. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose Speckhals
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 7-1880
7. AGE YEARS 53 MONTHS 4 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Berger (STATE OR COUNTRY) Mo.

FATHER 13. NAME Goafred Speckhals
14. BIRTHPLACE (CITY OR TOWN) unk (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME unk

16. BIRTHPLACE (CITY OR TOWN) unk (STATE OR COUNTRY) _____

17. INFORMANT Rose Speckhals (ADDRESS) Berger Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Berger Mo. DATE 7-26-33

19. UNDERTAKER Hugo Blumer (ADDRESS) Berger Mo.

20. FILED July 24, 1933 Gertrude Foster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/24, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/3, 1933 to 7/24, 1933

I last saw him alive on 7/24, 1933 Death is said

to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Myocardial thrombosis Date of onset 7/23/33

123 B

97 B

193 B

Other contributory causes of importance: obstruction - 3 whys ago

Name of operation Bowel resection Date of 7/23/33

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. J. Fene, M. D.

(Address) _____

